

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Marion	Grant Type and Number Capital Fund Program Grant No: SC16F021501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Type of Grant		<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements	15000.00					
4	1410 Administration (may not exceed 10% of line 21)	5000.00					
5	1411 Audit	2000.00					
6	1415 Liquidated Damages						
7	1430 Fees and Costs	28000.00					
8	1440 Site Acquisition						
9	1450 Site Improvement	36000.00					
10	1460 Dwelling Structures	400660.00					
11	1465.1 Dwelling Equipment—Nonependable	15000.00					
12	1470 Non-dwelling Structures	15000.00					
13	1475 Non-dwelling Equipment	25000.00					
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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U.S. Department of Housing and Urban Development  
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 Expires 4/30/2011

Part II: Supporting Pages								
PHA Name: Housing Authority of Marion			Grant Type and Number		Federal FFY of Grant: 2011			
			Capital Fund Program Grant No: SC16P021501-11					
			CFPP (Yes/ No):					
			Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Management Improvements	1408		15000.00				
	Administration	1410		5,000.00				
	Audit	1411		2000.00				
	Fees & Costs	1430		28,000.00				
	Site Improvements	1450		36,000.00				
	Dwelling Equipment	1465.1		15000.00				
	Non-Dwelling Structures	1470		15000.00				
	Non-Dwelling Equipment	1475		25000.00				
	Dwelling Structures	1460		400660.00				
SC21-1	upgrade electrical-new light fixtures, receptacles, light switches		100 units					
	weatherstripping							
SC21-4	Bathroom Upgrades		5					
	new vanities, bathtubs, surrounds, medicine cabinets, faucets							
SC21-11	bathroom upgrades		30 units					
	remove existing ceramic tile on walls around tubs, replace with new surround, remove bathtubs, replace with new tubs remove and replace vanities							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> Housing Authority of Marion	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input checked="" type="checkbox"/> <b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	541660.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Date 7/14/2011</b>	<b>Signature of Public Housing Director</b>
			<b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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## Federal FY of Grant: 2011

**Federal FHY of Grant: 2011**

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ended.

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U.S. Department of Housing and Urban Development  
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**Part I: Summary**

PHA Name: Housing Authority of Marion	Grant Type and Number Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval:
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Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	20000.00			
4	1410 Administration (may not exceed 10% of line 21)	7000.00			
5	1411 Audit	2000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	36000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	35000.00			
10	1460 Dwelling Structures	517915.00			
11	1465.1 Dwelling Equipment—Nonexpendable	15000.00			
12	1470 Non-dwelling Structures	20000.00			
13	1475 Non-dwelling Equipment	25000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

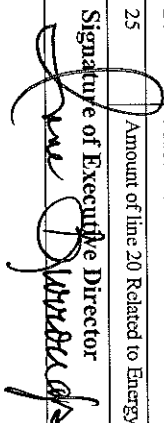
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.

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<b>Part I: Summary</b>		<b>FFY of Grant: 2011</b>	
<b>PHA Name:</b> Housing Authority of Marion		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P021501-11 Replacement Housing Factor Grant No: Date of CFFP:	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	677,915	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> 		<b>Date 07/07/2011</b>	
<b>Signature of Public Housing Director</b>		<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.

<sup>4</sup> RHF funds shall be included here.

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Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2011			
PHA Name: Housing Authority of Marion			Capital Fund Program Grant No: SC16P021501-11					
			CEFP (Yes/ No):					
			Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Management Improvements	1408		20000.00				
	Administration	1410		7000.00				
	Audit	1411		2000.00				
	Fees & Costs	1430		36000.00				
	Site Improvements	1450		35000.00				
	Dwelling Equipment	1465.1		15000.00				
	Non-Dwelling Structures	1470		20000.00				
	Non-Dwelling Equipment	1475		25000.00				
		Dwelling Structures	1460		517915.00			
SC21-1	upgrade electrical-new light fixtures, receptacles, light switches		100 units					
	weatherstripping							
SC21-4	Bathroom Upgrades		5					
	new vanities, bathtubs, surrounds, medicine cabinets, faucets							
SC21-11	bathroom upgrades		30 units					
	remove existing ceramic tile on walls around tubs, replace with new surround, remove bathtubs, replace with new tubs remove and replace vanities							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<b>Part I: Summary</b>		<b>PHA Name: HOUSING AUTHORITY OF MARION</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P02150110 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2011				<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Revised<sup>1</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>	<b>Expended</b>
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements	5,000			3515.60	3515.60	
4	1410 Administration (may not exceed 10% of line 21)	2,500			1129.05	1129.05	
5	1411 Audit	2,000			2000.00		
6	1415 Liquidated Damages						
7	1430 Fees and Costs	38,000			38000.00	29750.00	
8	1440 Site Acquisition						
9	1450 Site Improvement	35,000			35000.00	11815.00	
10	1460 Dwelling Structures	595,415			527390.00	73350.00	
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

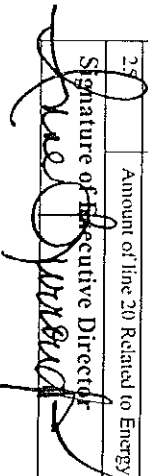


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<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
<b>PHA Name:</b> HOUSING AUTHORITY OF MARION	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16R02150110 Replacement Housing Factor Grant No: Date of CFFP: 2010	<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>06/30/2011</b>		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
		<b>Obligated</b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	677,915	607034.65
21	Amount of line 20 Related to LBP Activities		119559.65
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b> 		<b>Date</b> 07/07/2011	<b>Signature of Public Housing Director</b>  <b>Date</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<sup>1</sup> Obligation and expenditure ended can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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<b>Part I: Summary</b>				<b>FFY of Grant: 2009</b>	
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-9 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <u>6/30/2011</u> <input type="checkbox"/> Revised Annual Statement (revision no:1 ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3500.00	3500.00	3500.00	1591.77
5	1411 Audit	2500.00	2500.00	2500.00	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	46000.00	40000.00	40000.00	33156.00
8	1440 Site Acquisition	10500.00	.00		
9	1450 Site Improvement	.00	16500.00	16500.00	16500.00
10	1460 Dwelling Structures	590671.00	590671.00	449000.00	271060.00
11	1465.1 Dwelling Equipment—Nonexpendable		15000.00	15000.00	4364.20
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	30000.00	15000.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2009			
PHA Name: Housing Authority of Marion			Capital Fund Program Grant No: SC16P021501-09					
			CFPP (Yes/ No):					
			Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Administration	1410		3500.00	3500.00	3500.00	1591.77	
	Audit <sup>3</sup>	1411		2500.00	2500.00	2500.00		
	Fees & Costs	1430		40000.00	40000.00	40000.00	33156.00	
	Site Improvement	1450		.00	16500.00	16500.00	16500.00	
	DWELLING STRUCTURES	1460		590671.00	590671.00	449000.00	271060.00	
SC21-2	Remove wall-hung sinks or existing vanities and replace with new vanities		99					completed
	Replace old faucets		99					completed
	Re-roof units		110					completed
SC21-5	Replace soffit/fascia/gable		110					not complete
	Install new floor tile		110					not complete
	Replace vinyl baseboard with wood baseboard		110					not complete
PHA-Wide	Dwelling Equipment	1465.1		.00	15000.00	15000.00	4364.20	
	Non-Dwelling Equipment	1475		30000.00	15000.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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<b>Part I: Summary</b>				FFY of Grant: 2009	
PHA Name: Housing Authority of Maitron		Grant Type and Number Capital Fund Program Grant No: SC16P021501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2011 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	683171.00	683171.00	526500.00	326671.97
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <sup>1</sup> <i>Joe Spence</i>		Date 07/07/2011	Signature of Public Housing Director		Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.



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Part I: Summary		PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16S021501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended	
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)	3000.00	2761.03	2761.03	2761.03		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	46000.00	57936.00	57936.00	57936.00		
8	1440 Site Acquisition						
9	1450 Site Improvement	155650.00	155650.00	155650.00	155650.00		
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—None expendable						
12	1470 Non-dwelling Structures	626131.00	614433.97	614433.97	614433.97		
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Expires 4/30/2011

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Housing Authority of Marion		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: SC16S021501-09 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	830781.00	830781.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs	75000.00	
25	Amount of line 20 Related to Energy Conservation Measures	341000.00	
Signature of Executive Director		Date	Signature of Public Housing Director
<i>[Signature]</i>		07/07/2011	
			Date

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

PHA Name: Housing Authority of Marion

Federal FY of Grant: 2009

[illegible]

Pages

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008			
PHA Name: Housing Authority of Marion		FFY of Grant Approval:			
Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP:					
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	2000.00		2000.00	2000.00
3	1408 Management Improvements	10000.00		10000.00	10000.00
4	1410 Administration (may not exceed 10% of line 21)	2000.00		2000.00	2000.00
5	1411 Audit	2000.00		2000.00	2000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	45000.00		45000.00	45000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	15000.00		15000.00	15000.00
10	1460 Dwelling Structures	555328.00		555328.00	555328.00
11	1465.1 Dwelling Equipment—Nonexpendable	10000.00		10000.00	10000.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15000.00		15000.00	15000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>				FFY of Grant: 2008	
PHA Name: Housing Authority of Marion		Grant Type and Number Capital Fund Program Grant No: SC16P021501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	656328.00		656328.00	656328.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Steve Durand</i>		Date 07/07/2011		Signature of Public Housing Director	
				Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

[illegible]

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2001

## Part I: Summary

PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
B. Physical Improvements Subtotal	525915	525915	525915	525915	525915	
C. Management Improvements	20000	20000	20000	20000	20000	
D. PHA-Wide Non-dwelling Structures and Equipment	25000	25000	25000	25000	25000	
E. Administration	40000	40000	40000	40000	40000	
F. Other	67000	67000	67000	67000	67000	
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing -- Debt Service						
K. Total CFP Funds						
L. Total Non-CFP Funds						
M. Grand Total	677915	677915	677915	677915	677915	



U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

[illegible]

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

Work Statement for Year 2  
FFY 2012

Work Statement for Year: 3  
FFY 2013

[illegible]

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

[illegible]

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

form HUD-50075.2 (4/2008)

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

**Expires 4/30/2001**

form HUD-50075.2 (4/2008)

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or ☒ Annual PHA Plan for the PHA fiscal year beginning 10/01/11 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

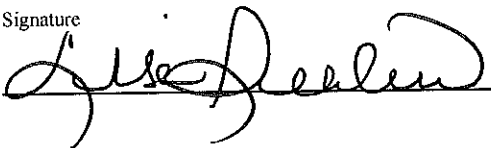
**Housing Authority of Marion**  
PHA Name

**SC021**  
PHA Number/HA Code

\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20\_\_\_\_ - 20\_\_\_\_

☒ Annual PHA Plan for Fiscal Years 20 **11** - 20 **15**

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official <b>Lisa Seabrook</b>	Title <b>Chairperson</b>
Signature 	Date <b>06/14/2011</b>

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

**Housing Authority of Marion**

PHA Name

**SC021**

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

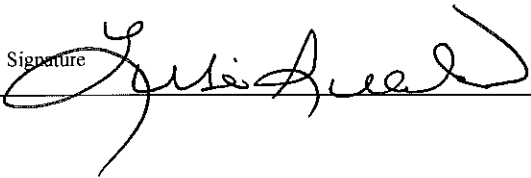
Name of Authorized Official

**Lisa Seabrook**

Title

**Chairperson**

Signature



Date

**06/14/2011**



# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

**Housing Authority of Marion**

Program/Activity Receiving Federal Grant Funding

**Capital Fund Program**

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Walnut Street, Watsonia St., Jones Ave., Manning St., Bee St., Spring St., Evans St., Rosewood Drive, Pickens Street, Blake Circle, Martin Luther King Blvd., Strawberry St., McMillan St., Bluff St., Wallace Circle, McIntyre Ct. Fladger St., Dickson Hghts., Gregg S Georgetown St., Wilford Ct.

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

**Anne Burroughs**

Title

**Executive Director**

Signature

Date

**06/14/2011**

# Certification of Payments to Influence Federal Transactions

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

Applicant Name

**Housing Authority of Marion**

Program/Activity Receiving Federal Grant Funding

**Capital Fund Grant**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

**Anne Burroughs**

**Executive Director**

Signature

Date (mm/dd/yyyy)

**06/14/2011**

Previous edition is obsolete

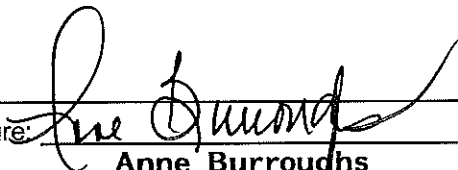
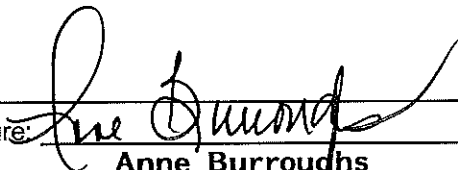
# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

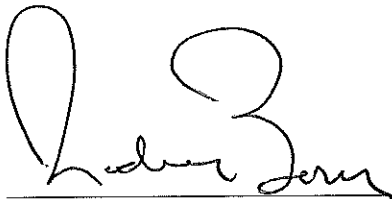
<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  N/A CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>  N/A			<b>9. Award Amount, if known:</b>  \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature:  Print Name: <u>Anne Burroughs</u> Title: <u>Executive Director</u> Telephone No.: <u>(843) 423-5242 Ext. 7</u> Date: <u>06/14/2011</u>		
<b>Federal Use Only:</b>			Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Rodney Berry the Mayor certify that the Five Year and  
Annual PHA Plan of the Housing Authority of Marion is consistent with the Consolidated Plan of  
South Carolina prepared pursuant to 24 CFR Part 91.

  
\_\_\_\_\_

Signed / Dated by Appropriate State or Local Official

## **Resident Advisory Board Meeting and Comments**

On June 7, 2011, the Resident Advisory Board of the Housing Authority of the City of Marion met at the Housing Authority's administrative office at 826 Walnut Street at 10:00 a.m. to review and discuss the Five Year and Annual Plan. Present at the meeting were :

Claretha Conner

Juanita Shaw

Moses Spry

Anne Burroughs, Executive Director, was present and took the minutes for the meeting.

Anne Burroughs gave an update of the work completed and still in progress. Upcoming proposed work was discussed by all present.

The Board is very satisfied and happy with the work that has been done to improve all communities and wishes for these improvements to continue.

The Board expressed their appreciation for all the work accomplished to date. The Board also expressed they are excited about the upcoming improvements to be made.

SIGN-IN SHEET

**Annual Plan  
Public Hearing**

THURSDAY, JUNE 9, 2011.

1. \_\_\_\_\_
2. None
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

## **RESIDENT MEETINGS**

**Resident meetings were held January 5, 12, 19, 26, 2011.**


**Attached is sign-in sheets for those in attendance.**

**The Residents are very happy about all the improvements made to their units and communities.**

**The Residents were asked to make suggestions about continued improvements to their communities.**

**Recommendations made were additional outside lighting for security and toilets that automatically flush when used.**

**Additional lighting will be added; however, the toilets do not need replacing at this time.**



**Anne Burroughs**  
**Executive Director**

# January 2011

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 EMERGENCY MAINTENANCE 206-4287 CURTIS GODBOLT
2	3	4	5 RESIDENT MEETING 9:00 A.M. McMillan St, Wallace Circle, McIntyre Court and Bluff Road	6	7	8 EMERGENCY MAINTENANCE 206-6655 NATHAN STANLEY
9	10 ANNUAL PEST CONTROL 8:00A – 4:30 P	11 ANNUAL PEST CONTROL 8:00 A – 4:30 P.	12 RESIDENT MEETING 9:00 A. M. Walnut, Watsonia, Spring, Bee, Evans and Manning Streets ANNUAL PEST CONTROL 8:00 A.M. - 4:30 P.M.	13	14	15 EMERGENCY MAINTENANCE 206-4287 CURTIS GODBOLT
16	17 HOUSING CLOSED MLK HOLIDAY	18	19 RESIDENT MEETING 9:00 A.M. Rosewood Drive and Strawberry St	20	21	22 EMERGENCY MAINTENANCE 206-6655 NATHAN STANLEY
23	24	25	26 RESIDENT MEETING 9:00 A. M. Blake Circle and Jones Avenue	27	28	29 EMERGENCY MAINTENANCE 206-4287 CURTIS GODBOLT
30	31					



Flora M Davis

Bertha S Fletcher

John Miller 933-C Jones Ave

Wrenice M Brantley 939A Jones Ave

Harry Bradlock 929A Jones Ave

Granita A Shaw - 921-B Jones Ave

Willie McGee 941C JONES AVE

MOSES ORRY 943 JONES AVE

Harold Sanders 1134-A Strawberry St Marion

Mary C. Lewis 921 APC Jones Ave Marion

Fannie M Moody 941 D Jones Ave Marion

Walter D. Weaver 302-B Picken St. Marion

Freddie Ann Bynum 328 Blake Circle

James Bell 939C Jones Ave

Helen and Freddie Brock 939 Jones Ave. B

Jessica Warren 332 Blake Circle

Elmer (Tommy) 937-JONES AVE

Granita Grant 929-B Jones Ave

Alma Adlett 931 APC Jones

Peggy M. 937A Jones Ave

James L. Muckey 941-A

Aggie Barner Jimmy Barner Spins #100A

Ruby Hoyer 917-B Jones Ave

Tom Nickerson - 935 A Jones Ave

YVONNE Harris 902A Watsonia St

Cecilia W. 106 N. Spring St

Jessie G. Graham

Rapita Whitty 302 MLK Blvd.

W. A. R.

Cane Hunt 1140B  
Alometer Williams 1124 Wallace Circle

Shelly Dasher  
1115 McMillan

Charlotte Buxton 1100 B McIntyre Ct.

Charito Davis 1110-A Wallace Circle

Dorothy Davis 1116 Wallace Cir B.

Laura Eadd, 1116 A Wallace Circle

Marcena Jones 411-A McMillan

Margaret Gause 1100 C Wallace C.

John Hedy 1102-C Wallace

Portia Stiggers McMillan St

Helen F. Johnson 1102 A Wallace Circle

Helen H. Hulse 1101 A Wallace Cir.

Jalisa Corington 1103 A ~~Mc~~ Blue road

Doris Davis 1114-C Wallace Cir.

Lakeisha Reed 1100 MC Intyre Apt. A

~~Angela B. B. B.~~ 114 McMillan St Apt A

Kennie M. Robinson 1107 B Wallace Ct.

Latoria Davis 1109 Wallace Circle

Mioshia Tart 1100 B Wallace Circle

Annie Lee Segette

Dora N. Crawford

Amisha Washington 419 B

Jacathy Britt 1126 Wallace Cir apt B

Samantha Gecold 1108 B Wallace Cir

Pamela Davis 1104 C Wallace Cir.

Kervell Platt 1105 C Wallace Cir

Tonya Sanders 409 McMillan St.

Bonnie Jones 403 McMillan St

Ann Calahan Davis 400 A McMillan St

Sonya Townsend 101-A Evans

Patricia Ann Moody 1108A Buftt  
Shelia Knight 105 B Evans St.

Lakesa Ree 1115 B Wallace Circle  
Tasha Barr 828A Walnut St.

Latria Alford 300 Apt B North Spring St  
Tina WARREN 803A. Manning St.

~~Roxanne Thompson~~ 1000 N Spring St Apt B  
Shirley Gibson 907 Watsonia St

Lakisha Reed 103 A Evans St

Karen Reams 903 A Watsonia St

Alisa Brunson 101 C Evans St

Ashley Williams 905 A Watsonia St.

~~Vanessa~~ Humphrey 1110 Apt. A Buftt Rd  
Courtney 803-C Manning St

Danielle Paele 1102 B Wallace Circle  
Leticia Williams 1102 A McIntyre Ct  
Marie J. L. L. 1102 Apt B McIntyre Ct  
Dorlene Oak 1106 Bluff Rd.  
Leshia Woodberry 1115 Apt A Wallace Cr.  
Lisa Reet 1100 B Wallace Circle  
Ernestine Godbolt 1104 A McIntyre Ct  
Shaniqua Reed 413 B. Manhattan St

28. Ericka Berry 1138 B Strawberry St

29. Charles Hughes

30. Dorothea Myers

31. Zena McFar 1133 Strawberry St

32. Stephanie Reed 1144 A Strawberry St

Laura Gerald - 208 E. Pickens St

33. Sylvia Knowlin 1009 Apt Rosewood Dr.

34. Marquita Fields 1142 B Strawberry

35. Elizabeth Wiggins 306 E Pickens St

36. Estelle DeSane 300 E Pickens

37. Elizabeth Conner-Myers 304 E Pickens St Apt A

38. Eateral Moody 1122 B Wallace Circle

39. Kathy Moody 1148 B Strawberry St

40. Leem Jones 1009 Rosewood Dr Apt C